PRINTED: 07/07/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION			NULTIPLE (	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED		
		09G228	B. WI	wG		06/	30/2011		
	ROMDER OR SUPPLIER WASHINGTON			2420	ADDRESS, CITY, STATE, ZIP ( F STREET, SE HINGTON, DC 20020				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
W 000	INITIAL COMMENT	rs	W	000					
W 125	28, 2011 through Ju three clients was se six females with val disabilities. This su the fundamental su  The findings of the observations and in in the home and at review of client and including incident/in 483.420(a)(3) PRO RIGHTS  The facility must en Therefore, the facili individual clients to of the facility, and as	survey were based on terviews with clients and staff one day program, as well as a administrative records,	, <b>W</b>	125	Department of Health Regulation & Licensis Intermediate Care Fac 800 North Capitol Washington, D.C.	St. N.E.	· .		
	Based on observation review, the facility farights of all clients wallow and encourage their rights as clients.	s not met as evidenced by: ion, interview, and record ailed to demonstrate how the vere protected and failed to e individual clients to exercise s of the facility, and as citizens for one of six clients residing t #4)							
	The finding includes	:		:					
	protected by making members and/or leg	ensure Client #4's rights was certain involved family ally sanctioned medical							
ABORATORY	DIRECTOR'S OR PROMO	ERSUPPLER REPRESENTATIVE'S SIGN	ATURE		TITLE	-2/	(X6) DATE		

Any deficiency statement ending with an asterist (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plain of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 09G228

CLIVIL	NO I ON MEDICARE	A MEDICAID SERVICES			OMB NO. 0938-039	<u>91</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPLE CONSTRUCTION ILDING	(X3) DATE SURVEY COMPLETED	
		09G228	B. WI	NG	08/30/2011	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE	_
RCM OF	WASHINGTON			2420 T STREET, SE		
				WASHINGTON, DC 2	20020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECT CROSS-REFEREN	PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE	N
W 125	Continued From pa	ge 1	W-	; 1 <b>25</b> :		
	•	sisted her with making	**	120		
	decisions, as evide		i			
	On June 28, 2011, Client #4 was observance of staff in Client #4 was observance Approximately one was heard when shoff of the sofa. This time the client attenthroughout the survicare staff on the said that Client #4's alarg when she got up from the soft of the soft of the said that Client #4's alarg when she got up from the soft of the soft	at approximately 3:30 p.m., rved walking with the nto the facility. At 4:40 p.m., rved sitting on the sofa. minute later, a loud sound e [client] attempted to get up is loud sound was heard each apted to get up from her seat ey. Interview with the direct me day at 4:43 p.m., revealed m was used to let staff know am her seat.		2/25/11 at Client #4's discussed at that mee she and the team agn pad was approved by and again on 7/11/11 signature sheet from	a recommendation by the PT on is 2nd qtrly meeting. The pad was eting with her mother present and reed with the use. The alarm by the HRC on 3/14/11 (attachment#1) I (attachment #3) due to missing the 3/14/11 meeting. In the future, the signature sheets are available.  Completed 07/11/201	1
	Professional (QIDP) approximately 2:45	ualified Intellectual Disabilities on June 30, 2011, at p.m., revealed that the alarm is used for her safety due to				
		Further interview with the			:	
	QIDP revealed that	she believed that the facility's		•	·	
	the use of the aler-	mittee (HRC) had approved pad. On June 30, 2011, at		, i		
	approximately 3:00	p.m., review of the HRC				ı
	minutes from Septer	mber 2010 through June 30,				١
	2011, revealed that be addressed.	Client #4's alarm pad failed to		!		
	ue audiesseu.	:		Client # Al- No-21 - 21	A standard and a second	Í
	On June 30, 2011, a	it approximately 3:15 p.m., 🔠			d sign the consent as of 7/1/11 te future the QIDP will ensure	ļ
	continued interview	with the QIDP revealed Client			at the time it is approved for	ĺ
	#4's mother (surroga	ate decision-maker) had been burpose of the alarm pad and		any restrictive devise.	Arranaga	
	had agreed to its use	B. A few minutes later, the		•	Completed 7/1/11	ĺ
	QIDP stated that the	re was no written				
		able for review to verify that		<u>!</u>		
		ad been involved in the		:		
	COURT HIGHING DEO	cess for the use of Client #4's				- 1

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
			B. Wil		,			
NAME OF F	DOMEDER OF CURPUSE	09G228				06/30/2011		
	PROVIDER OR SUPPLIER WASHINGTON			24	EET ADDRESS, CITY, STATE, ZIP CODE 120 T STREET, SE (ASHINGTON, DC 20020			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION		
	that assures a full a		w ·	į				
÷	Based on interview failed to ensure a stomaintain a comp	s not met as evidenced by: and record review, the facility ystem had been implemented ete accounting of clients' one of three clients included in s #2)			· · · · · · · · · · · · · · · · · · ·	:		
	the withdrawals/exp	provide evidence that justified enditures from Client #2's as evidenced below:		:		: :		
	the Qualified Intelled (QIDP) revealed that last year to Williams interview revealed the clients' with maintain Client #2's financial approximately 1:10 a. A bank statement revealed a withdraw for vacation spendin \$80.00 in receipts at accounted in the clients.	at 12:58 p.m., interview with ctual Disabilities Professional at Client #2 went on vacation aburg, Virginia. Further nat the facility assisted the ning their finances. Review of records on June 30, 2010, at p.m., revealed the following:  dated June 25, 2010, all in the amount of \$300.00 g. Further review revealed and expenditures could not be ent's financial records.		' 1 1	In the future the facility QIDP will sub finance records to the Finance Departn for an audit to ensure all funds are accountied will deposit \$150 into Client #2 accounties for the missing receipts. See deposit records	nent each month ounted for. RCM unt to account		

STATEMENT OF DEFICIENCIES (X1) P AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł	AULTIPLE CONSTRUCT	(X3) DATE SURVEY COMPLETED		
		09G228	B. WI	NG		06/3	30/2011
1	PROVIDER OR SUPPLIER WASHINGTON			STREET ADDRESS, C 2420 T STREET, S WASHINGTON,	_		
(X4) ID PREFIX TAG	(EACH DÉFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG	IX (EACH CO	DER'S PLAN OF CORRECTIVE ACTION SHO FERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 140	revealed withdrawa and \$195.00 for Cl Further review reve	als in the amount of \$250.00 in istmas shopping and clothing. Paled approximately \$70.00 in inditures could not be accounted.	W	140			:
W 159	2011, at approxima	FIED MENTAL	<b>W</b> 1	59			· ·
	integrated, coordina	treatment program must be ated and monitored by a ardation professional.					:
	Based on observat review, the facility's Disabilities Professithat the active treat coordinated, and m	s not met as evidenced by: ion, interview, and record Qualified Intellectual onal (QIDP) failed to ensure ment program was integrated, onitored, for two of six clients by. (Clients #3 and #4)					
	The findings include	):		•			
	ensure Client #4's ricertain Involved fam	125. The QIDP failed to ghts was protected by making ily members and/or legally representatives assisted her ns.		See W 125		Completed 7	/11/11
	ensure Client #3 red	249. The QIDP failed to served continuous and services and ordance with			•		

		TE MEDIOAID OF ITAICES				OWR VC	). 0 <u>9</u> 38-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPL MLDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G228	B. WI	NG		06/	30/2011
	PROVIDER OR SUPPLIER WASHINGTON			STRE 242	ET ADDRESS, CITY, STATE, ZIP CODE 10 T STREET, SE		
				WA	ASHINGTON, DC 20020		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 4	· W	159			
		nade by the interdisciplinary	•••				
W 249	483.440(d)(1) PRO	GRAM IMPLEMENTATION	w:	249	•		
	formulated a client's each client must rec treatment program conterventions and se and frequency to su	rdisciplinary team has individual program plan, serve a continuous active consisting of needed ervices in sufficient number pport the achievement of the in the individual program					·
				i	•		
	Based on observation review, the facility fareceived continuous achievement of individuals objectives identified	not met as evidenced by: on, interview and record iled to ensure that client's active treatment to support idual program plan (IPP) by the interdisciplinary team a clients included in the					:
	The finding includes:			:			
	approximately 9:10 a was observed sitting observations reveale	cted on June 28, 2011, at the imm, revealed that Client #3 in a wheelchair. Further d the client was observed ander of the survey using her by.		7/0	e QIDP in-serviced the staff on the PT PI/11 and will continue to monitor on a compliance. See attachment #6	goal on a weekly basi completed 7/	
	#3's records revealed dated October 22, 20 improve her standing	t 10:50 a.m., review of Client I an individual program plan I10, that included a goal to mobility. The IPP stated or 5 minutes every hour that		!			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		09G228	B. WING		06/30/2011
ŀ	PROVIDER OR SUPPLIER WASHINGTON			REET ADDRESS, CITY, STATE, 2420 T STREET, SE WASHINGTON, DC 20020	ZIP CODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMPLÉTION DATE
W 249	she is awake using accuracy for 6 monto Qualified Intellectual (QIDP) on June 30, a.m., confirmed that stand for five minute awake. Further interest that the objective wardocumented daily or Review of the June June 30, 2011, at 11 objective was not im 29, 2011. Continued the same day at appropriate that data #3's program on June 483.460(c) NURSIN The facility must proservices in accordant.	the rolling walker at 100% ths". Interview with the II Disabilities Professional 2011, at approximately 10:55 to Client #3 had an objective to as every hour that she is eview with the QIDP revealed as to be implemented and in the data sheets.  2011 data collection sheet on 1:00 a.m., revealed the iplemented on June 28 and I interview with the QIDP on proximately 11:20 a.m. was not collected on Client ine 28, and 29, 2011.  G SERVICES  vide clients with nursing see with their needs.	W 249		
	review, the facility fa services were provid needs for, six of six of (Clients #1,#2, #3, #				· : :
	services failed to ens	168. The facility's nursing sure that all drugs were pliance with the physician's		See W 368	Completed 6/28/11
	2. Cross refer to W3	82. The facility's nursing	Ī	See W 382	Completed 6/28/11 :

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G228	B. Wil	WG_		Of	/30/2011
	PROVIDER OR SUPPLIER WASHINGTON			2	REET ADDRESS, CITY, STATE, ZIP CODE 420 T STREET, SE VASHINGTON, DC 20020	<u>, , , , , , , , , , , , , , , , , , , </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 331	when not being pre	eep all drugs locked securely pared for administration.	w				
VV 300	The system for drug	G ADMINISTRATION  g administration must assure  Iministered in compliance with  ers.	W	368			
·	Based on staff obserview, the facility fa were administered in	s not met as evidenced by: ervation, interview and record hiled to ensure that all drugs n compliance with the for one of three clients ple. (Client #1)		:			· :
	The finding includes	ï		!			
	revealed the License administered Client On June 29, 2011, a #1's Physician's Ord 31, 2011, revealed a	evening medication Ine 28, 2011, at 7:18 p.m., ad Practical Nurse (LPN) #1 Lactulose 30 ml by mouth. It 9:09 a.m., review of Client Iter sheet (POS) dated May In order to administer In moming for constipation.			The facility Director of Nursing in-serv facility nurses on safe medication admi procedures and cross referencing the PC on 6/28/11. In the future the DON will (Attachment #7)	nistration O's with the	onthly.
W 3 <b>82</b>	facility's Director of I 2011, at approximat that Lactulose 30 ml	PN coordinator and the Nursing (DON) on June 28, ely 7:55 p.m., acknowledged was not administered on cordance with Client #1's	W 3	82	•		
	RECORDKEEPING	p all drugs and biologicals		-			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G228	B. WI	NG_		06/30/2011	
_	ROVIDER OR SUPPLIER WASHINGTON			2	REET ADDRESS, CITY, STATE, ZIP CODE 420 T STREET, SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG			ID PREF TAG	PROVIDER'S PLAN OF CORRECTION (X5)  FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION			
W 382	Continued From paradministration.	ge 7	w:	382			
	Based on observat failed to keep all dra being prepared for a	s not met as evidenced by: ion and interview, the facility ugs locked securely when not administration, for six of six he facility. (Clients #1, #2, #3,					
	The finding includes	<b>s:</b>					
	the Licensed Practic to leave Client #4's as she left the medin the kitchen. During closet door remaine approximately 7:17 medications with the medication area to vision to leave the medication area to vision to leave the medication area.	at approximately 6:55 p.m., cal Nurse (LPN) was observed medications with the surveyor cation area to wash her hands ng this time the medication d unsecured. At p.m., the LPN left Client #2's a surveyor as she left the wash her hands in the kitchen. On closet door remained			The facility Director of Nursing in-ser on proper medication storage on 6/28/the DON will monitor the storage of m (attachment #8)	11. In the future	
	had left the medication during the medication with the facility's Reg 28, 2011, at approximate the medication of the control of the medication of the medication of the control of the medication of the medication of the control of the medication of the control o			And an extended the community of the com			
	that the medication o	rvey, there was no evidence closet door was secured ere not being prepared.					

#### PRINTED: 07/07/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING 09G228 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY)

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted from June 28, 2011 through June 30, 2011. A sample of three residents was selected from a population of six females with various cognitive and intellectual disabilities. This survey was conducted utilizing the fundamental survey process. The findings of the survey were based on observations and interviews with residents and staff in the home and at one day program, as well as a review of client and administrative records, including incident/investigation reports. 1 180 3508.1 ADMINISTRATIVE SUPPORT I 180 Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure adequate administrative support to effectively meet the needs of two of six residents residing in the GHPID. (Residents #3 and #4) The findings include: 1. Cross refer to W125. The QIDP failed to See W 125 Completed 7/11/11 ensureResident #4's rights was protected by making certain involved family members and/or legally sanctioned medical representatives assisted her with making decisions. 2. Cross refer to W249. The QIDP failed to See W 249 Completed 7/1/11 ensure Resident #3 received continuous and addressive active treatment services and Health Regulation/& Licensing Administration TITLE

PRESENTATIVE'S SIGNATURE

**TGEO11** 

LABORATORY WIRECATOR'S

STATE FOR

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY 1 180 Continued From page 1 1180 interventions in accordance with recommendations made by the interdisciplinary team. 1189 3508.7 ADMINISTRATIVE SUPPORT 1189 Each GHMRP shall maintain records of residents ' funds received and disbursed. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Persons with Intellectual Disabilites (GHPID) failed to ensure a system had been implemented to maintain a complete accounting of residents' personal funds, for one of three three residents included in the sample. (Resident #2) The findings include: The facility failed to provide evidence that justified the withdrawals/expenditures from Resident #2's personal accounts, as evidenced below. See w 140 On June 30, 2011, at 12:58 p.m., interview with Completed 7/15/11 the Qualified Intellectual Disabilities Professional (QIDP) revealed that Resident #2 went on vacation last year to Williamsburg, Virginia. Further interview revealed that the facility assisted the residents' with maintaining their finances. Review of Resident #2's financial records on June 30, 2010, at approximately 1:10 p.m., revealed the following: a. A bank statement dated June 25, 2010. See W 140 Completed 7/15/11 revealed a withdrawal in the amount of \$300.00

Health Regulation & Licensing Administration

for vacation spending. Further review revealed. \$80.00 in receipts and expenditures could not be accounted in the resident's financial records.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) 1189 Continued From page 2 1189 b. A bank statement dated December 2010 See W 140 revealed withdrawals in the amount of \$250.00 Completed 7/15/11 and \$195.00 for Christmas shopping and clothing. Further review revealed approximately \$70.00 in receipts and expenditures could not be accounted in the resident's financial records. Continued interview with the QIDP on June 30. 2011, at approximately 1:40 p.m., revealed that she could not locate the receipts that would account for Resident #2's missing funds. 1401 3520.3 PROFESSION SERVICES: GENERAL 1401 **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure professional services that included both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident for six of six residents included in the sample. (Residents #1, #2, #3, #4, #5, and #6) The findings include. 1. Observation of the evening medication See W 368 Completed 6/28/11 administration on June 28, 2011, at 7:18 p.m., revealed the Licensed Practical Nurse (LPN) administered Resident #1 Lactulose 30 ml by

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1401 Continued From page 3 : I 401 mouth. On June 29, 2011, at 9:09 a.m., review of Resident #1's Physician's Order sheet (POS) dated May 31, 2011, revealed an order to administer Lactulose 30 ml each morning for constipation. Interview with the LPN coordinator and the GHPID's Director of Nursing (DON) on June 28, 2011, at approximately 7:55 p.m., acknowledged that Lactulose 30 ml was not administered on June 28, 2011, in accordance with Resident #1's PO's. 2. On June 28, 2011, at approximately 6:55 p.m., See W382 Completed 6/28/11 the Licensed Practical Nurse (LPN) was observed: to leave Resident #4's medications with the surveyor as she left the medication area to wash her hands in the kitchen. During this time the medication closet door remained unsecured. At approximately 7:17 p.m., the LPN left Resident #2's medications with the surveyor as she left the medication area to wash her hands in the kitchen. Again, the medication closet door remained unlocked. Interview with the LPN after medication administration on June 28, 2011, at approximately 7:54 p.m., acknowledged that she had left the medication closet door unlock twice during the medication administration. Interview with the GHPID's Registered Nurse (RN) on June 28, 2011, at approximately 8:00 p.m., revealed that the medication closet door was required to be locked at all times when medications were not being prepared. At the time of the survey, there was no evidence that the medication closet door was secured when medications were not being prepared.

Health f	Regulation & Licensin	ng Administration			•	FORM APPROVED
	ATEMENT OF OEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF F	HOMOTO OF SHARK ITS	HFD-03-028				06/30/2011
MANUE OF P	PROVIDER OR SUPPLIER				STATE, ZIP CODE	
RCM OF	WASHINGTON			TREET, SE GTON, DC 2	20020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
1 422	Continued From pa	ge 4		1422		,
l <b>422</b>	3521.3 HABILITATI	ON AND TRAINING		1 422		
	and assistance to re the resident's Indiv This Statute is not Based on observation review, the Group H intellectual Disabilition that residents receives assistance as preson	ne of three residents sidents #3) es: acted on June 28, 20 a.m., revealed that R	ce with in.  d record h ensure on and ial included		See W 249	Completed 7/1/11
	observations revealed throughout the remains wheelchair for mobile on June 30, 2011, a Resident #3's record program plan dated included a goal to im The IPP stated "the minutes every hour to rolling walker at 100' Interview with the Querofessional (QIDP) approximately 10:55 Resident #3 had an iminutes every hour to the rolling walker at 100' interview with the Querofessional (QIDP) approximately 10:55 Resident #3 had an iminutes every hour to the rolling walker at 100' interview with the Querofessional (QIDP) approximately 10:55 Resident #3 had an iminutes every hour to the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented daily on the rolling walker was to be indocumented walker was to	ed the resident was definder of the survey solity.  at 10:50 a.m., review at 10:50 a.m., review at revealed an individe October 22, 2010, the prove her standing resident will stand for that she is awake using a couracy for 6 moutalified Intellectual Direction June 30, 2011, at a.m., confirmed that objective to stand for that she is awake. First prevealed that the mplemented and	of dual sat mobility. r 5 ng the nths". isabilities t			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) 1422 Continued From page 5 1422 Review of the June 2011 data collection sheet on June 30, 2011, at 11:00 a.m., revealed the objective was not implemented on June 28 and 29, 2011. Continued interview with the QIDP on the same day at approximately 11:20 a.m. confirmed that data was not collected on Resident #3's program on June 28, and 29, 2011. Review of the June 2011 data collection sheet on June 30, 2011, at 11:00 a.m., revealed the objective was not implemented on June 28, 29, and part of June 30, 2011. This was acknowledged through continued interview with the QIDP on the same day at approximately 11:20 a.m. 1500 3523.1 RESIDENT'S RIGHTS 1500 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observations, interviews and record review, the Group Home for Persons with Intellectually Disabilities (GHPID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District and federal laws that govern the care and rights of persons with intellectually disabilities, for one of three residents residing in the GHPID. (Resident #4) The finding include:

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1500 Continued From page 6 1500 The GHPID failed to ensure Resident #4's rights was protected by making certain involved family members and/or legally sanctioned medical representatives assisted her with making decisions, as evidenced below: On June 28, 2011, at approximately 3:30 p.m., See W 125 Completed 7/11/11 Resident #4 was observed walking with the assistance of staff into the GHPID. At 4:40 p.m., Resident #4 was observed sitting on the sofa. Approximately one minute later, a loud sound was heard when she [resident] attempted to get up off of the sofa. This loud sound was heard each time the resident attempted to get up from her seat throughout the survey. Interview with the direct care staff on the same day at 4:43 p.m., revealed that Resident #4's alarm was used to let staff know when she got up from her seat. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on June 30, 2011, at approximately 2:45 p.m., revealed that the alarm pad for Resident #4 was used for her safety due to her unsteady gait. Further interview with the QIDP revealed that she believed that the GHPID's Human Rights Committee (HRC) had approved the use of the alarm pad. On June 30. 2011, at approximately 3:00 p.m., review of the HRC minutes from September 2010 through June. 30, 2011, revealed that Resident #4's alarm pad failed to be addressed. On June 30, 2011, at approximately 3:15 p.m., See W125 Completed 7/1/11 continued interview with the QIDP revealed Resident #4's mother (surrogate decision-maker) had been made aware of the purpose of the alarm pad and had agreed to its use. A few minutes later, the QIDP stated that there was no written documentation available for review to

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING\_ HFD-03-028 06/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĐ PREFIX TAG **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1500 Continued From page 7 1500 verify that the resident's mother had been involved in the decision making process for the use of Resident #4's alarm pad.